

**SERVICE CONTRACT
LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT**

I. INTRODUCTION

This agreement is entered into this 1st day of July, 2013, by and between the Lincoln-Lancaster County Health Department, hereinafter called "Department", and Consultants in Infectious Disease, LLC, hereinafter called "Physician" with a place of business at 1500 South 48th Street, Lincoln, NE 68506, Phone - 489-1110.

Whereas, the public health programs conducted by the Department involve services requiring supervision by a person with a current Nebraska medical license; considerable knowledge of the principles and practices of modern medicine as it relates to a general practice; knowledge of the principles and practices of preventive medicine; skill in treating people with diseases that could have been avoided had their lifestyle been consistent with good public health practices; ability to apply professional methods and techniques to the diagnostic treatment and care of the physically ill; ability to maintain effective working relationships with patients and associates, and

Whereas, the Health Director, not being a graduate of a medical school, is unavailable to perform such services.

II. SERVICES

The Parties agree:

- A. The Physician will serve as Medical Consultant to the Health Director. The Physician, at the request of the Health Director will:
1. Provide or authorize clinical, nursing, and epidemiological procedures and standing orders.
 2. Authorize any variations from established protocols and procedures following a review prior to implementation.
 3. Provide assistance to the Health Director in maintaining liaison with the County Medical Society, State Department of Health and Human Services, State Department of Agriculture, Lincoln Public Schools, and other appropriate entities.
 4. Attend Board, departmental, advisory committee, and staff meetings, and contribute medical opinions as necessary.
 5. Assist in presentation of specific in-service training topics.
 6. Make public speaking engagements.
 7. Provide medical input in the development of departmental policies and procedures relative to epidemiology, communicable disease control, preventive health and

other related public health services.

8. Operate as a member of the Department's epidemiological team and provide assistance as needed.
 9. Assist in other areas as agreed upon by the physician and Health Director.
 10. Provide telephone consultation to staff as needed.
- B. When providing services under this agreement, the Physician shall personally contact the Health Director's Office at least once each week and be available to receive and answer phone calls. Contact should be made at the office with the Health Director and his/her designee or appraisal of any specific problems or issues. The Physician shall provide information indicating where he may be readily contacted during normal working hours and shall maintain an answering service for after hours contacts.
- C. The Physician will be expected to render the professional services outlined above in accordance with established rules, regulations, and under the administrative direction of the Health Director.
- D. Whenever the Physician will be unavailable for the provision of the above duties and/or for telephone consultation for other situations that may arise and need immediate medical advice regular communication will be between the Physician and the Health Director. When there is question about whether the physician is physically able to perform his duties, the Health Director may request a physician's statement confirming his fitness. The number of contacts will be reasonable in nature with an average time commitment of 4-6 hours per week. If the average time commitment exceeds 4-6 hours per week, the additional time commitment will be subject to further negotiations.

III. TERM-COMPLETION

The term of this Agreement shall be for a period of three (3) years and will begin on July 1, 2013 and shall end June 30, 2016. This Agreement may be terminated by either party for substantial breach by the other party, upon at least thirty (30) days written notice. Upon termination, payment made by the city should be prorated to pay for the amount of services provided by Physician. Physician shall return the remaining amount to the City within 30 days.

IV. COMPENSATION

In consideration of the services to be performed by the Physician, the Department will pay to the Physician \$24,813.00. The annual payment shall be payable within the first two weeks of the period of the contract, July 15, 2013 for the July 1, 2013 - June 30, 2014 contract year. Compensation for the July 1, 2014 - June 30, 2015 contract year will be \$25,557.00, payable by July 15, 2014. Compensation for the July 1, 2015 - June 30, 2016 contract year will be \$26,324.00, payable by July 15, 2015.

V. TERMINATION FOR CONVENIENCE

Either party has the right to terminate this Agreement for any reason for its own convenience. If a party terminates this Agreement for convenience, the party shall provide a thirty (30) day written notice of the same to the other party, and this Agreement shall terminate without penalty or expense to either party. Upon termination, payment made by the City should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VI. TERMINATION FOR BREACH

Either party has the right to terminate this Agreement if the other party fails to perform as required in this Agreement. Termination rights under this section may be exercised only after the non-breaching party notifies the breaching party of the failure to perform in writing upon giving the other party thirty (30) days written notice. Upon termination, payment made by the city should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VII. LACK OF FUNDING TERMINATION

The City may terminate this Agreement in whole or in part when funding is not lawfully available for expenditure or when sources of funding are terminated, suspended, reduced, released, or otherwise not forthcoming through no fault of the City. In the event of unavailability of funds to pay any amounts due under this Agreement, the City shall immediately notify the Physician, and this Agreement shall terminate without penalty or expense to the City. Upon termination, payment made by the City should be prorated to pay for the amount of services provided by Physician, Physician shall return the remaining amount to the City within thirty (30) days.

VIII. DUTIES GENERALLY

Physician agrees as follows:

1. To timely and professionally complete the Services as described above, and to furnish all labor, materials, equipment, and pay all costs, including any taxes, to complete the Services, unless specifically provided otherwise in this Agreement.
2. To furnish everything reasonably necessary to complete the Services unless specifically provided otherwise in this Agreement.
3. To apply for and obtain any and all necessary permits, certifications, licenses, variances, certifications and approvals required by any applicable law or regulations that relate to Physician or the Services.
4. Provide and perform all necessary labor in a professional and workmanlike manner and in accordance with the provisions of this Agreement.
5. Provide only trained, qualified employees to provide Services. These employees shall be

under the supervision of Physician at all times. All physicians providing services under this Agreement shall have a current, Nebraska medical license.

IX. PRIVACY

A. Privacy Rule

1. Physician, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the privacy regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of 1996, Subtitle F - Administrative Simplification, Sections 261, et seq., as amended ("HIPAA") and the American Recovery and Reinvestment Act of 2009 (ARRA), to protect the privacy of any personally identifiable protected health information ("PHI") that is collected, processed, or learned as a result of the Services provided hereunder. In conformity therewith, Physician agrees that it will:

(a) Not use or further disclose PHI except as permitted under this Agreement or required by law;

(b) Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;

(c) To mitigate, to the extent practicable, any harmful effect that is known to Physician of a use or disclosure of PHI by Physician in violation of this Agreement;

(d) Report to the Lincoln Lancaster County Department of Health ("Health Department") any use or disclosure of PHI not provided for by this Agreement of which Physician becomes aware;

(e) Ensure that any agents or subcontractors to whom Physician provides PHI, or who have access to PHI, agree to the same restrictions and conditions that apply to Physician with respect to such PHI;

(f) Make PHI available to Health Department upon request of an individual who has a right of access as required under HIPAA within thirty (30) days of the request by Health Department regarding the individual;

(g) Incorporate any amendments to PHI when notified to do so by Health Department;

(h) Provide an accounting of all uses or disclosures of PHI made by Physician as required under the HIPAA privacy rule within sixty (60) days;

(i) Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of the Department of Health and Human Services for purposes of determining Health Department's compliance with HIPAA; and

(j) At the termination of this Agreement, return or destroy all PHI received from, or created or received by Physician on behalf of Health Department, and, if return is not feasible, the protections of this agreement will extend to such PHI.

2. The specific uses and disclosures of PHI that may be made by Physician on behalf of Health Department include those Services enumerated within this Agreement.

B. Security Rule:

1) Physician, in its capacity as a Business Associate, shall carry out its obligations under this Agreement in compliance with the security regulations pursuant to Public Law 104-191 of August 21, 1996, known as the Health Insurance Portability and Accountability Act of

1996, Subtitle F - Administrative Simplification, Sections 261, et seq., as amended ("HIPAA") and the ARRA, regarding the security of electronic protected health information ("e-PHI") that is received as a result of the Services provided hereunder. In conformity therewith, Physician agrees that it will:

- (a) Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the covered entity as required in the regulations;
- (b) Ensure that any agent of Physician, including a subcontractor, to whom it provides such information, agrees to implement reasonable and appropriate safeguards to protect protected health information; and
- (c) Report to the Health Department any security incident of which it becomes aware.

C. Notwithstanding any other provisions of this Agreement, this Agreement may be terminated by the City, in its sole discretion, if the City determines that Physician has violated a term or provision of this Agreement pertaining to Physician's obligations as a Business Associate of the City, or if Physician engages in conduct which would, if committed by the City, result in a violation of the HIPAA privacy rule or HIPAA security rule by the City.

X . TRADE PRACTICES

Physician represents to the City that the services to be performed under this Agreement shall be in accordance with accepted and established practices and procedures recognized as such in Physician's trade in general and the Physician's services shall conform to the requirements of this Agreement.

XI . INDEPENDENT CONTRACTOR

The City is interested only in the results produced by this Agreement. Physician shall perform as an independent contractor and it is expressly understood that the Physician and Physician's employees, or anyone directly or indirectly employed by Physician, or anyone for whose acts any of them may be liable, are not employee(s) of the City and are not entitled to any City employee benefits including, but not limited to, overtime, retirement benefits, worker's compensation, sick leave, or injury leave.

Physician covenants that it has no interest, including but not limited to, other projects or independent contracts, and shall not acquire any such interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Physician further covenants that in the performance of this Agreement no person having any such interest shall be employed or retained by it under this Agreement.

X II. INDEMNIFICATION

To the fullest extent permitted by law, Physician shall indemnify defend and Hold Harmless the City its officers, agents and employees from and against claims, damages, losses

and expenses, including but not limited to attorney's fees, arising out of or resulting from performance of this Agreement, that results in any Claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom, and that are caused in whole or in part by the intentional or negligent act or omission of Physician or Physician employees, or anyone directly or indirectly employed by Physician, or anyone for whose acts any of them may be liable. This section shall not require Physician to indemnify or Hold Harmless the City for any losses, claims, damages, and expenses arising out of or resulting from the negligence of the City. The City does not waive its governmental immunity by entering into this Agreement and fully retains all immunities and defenses provided by law with regard to any action based on this Agreement. This section survives any termination of this Agreement.

XIII. INSURANCE

In this connection with this Agreement, Physician shall carry insurance in the following kinds and minimum limits as indicated:

1. General Liability Insurance shall be maintained during the life of this contract, naming and protecting Physician and the City of Lincoln, its officials, employees and volunteers as insured, against claims for damages resulting from (a) all acts or omissions, (b) bodily injury, including wrongful death, (c) personal injury liability, and (d) property damage which may arise from operations under this Agreement whether such operations by Physician and Physician's employees, or those directly or indirectly employed by Physician. The minimum acceptable limits of liability to be provided by such insurance shall be as follows:
 - a. All acts or omission- \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
 - b. Bodily Injury/Property Damage - \$1,000,000 each Occurrence; \$2,000,000 Aggregate; and
 - c. Personal Injury Damage - 1,000,000 each Occurrence; and
 - d. Contractual Liability - 1,000,000 each Occurrence; and
 - e. Products Liability and Completed Operations - 1,000,000 each Occurrence
2. Physician shall provide a Certificate of Insurance for its General Liability Insurance and naming the City of Lincoln as an additional insured. This Certificate shall be attached to this Agreement.
3. During the term of this Agreement, Physician shall maintain as its own expense the following professional liability insurance for Physician and Physician's employees, or those directly or indirectly employed by Physician (as required by the Nebraska Hospital-Medical Liability Act):
 - a. Professional liability insurance or self insurance coverage in the amount of \$500,000 per occurrence and \$1,000,000 in the annual aggregate and umbrella coverage extending such professional liability to an annual aggregate of not less than \$1,750,000 per occurrence and no limit on annual aggregate coverage through a combination of insurance and qualification under and participation in the Nebraska Hospital-Medical Liability Act covering its employees and medical residents for claims under the Nebraska Hospital-Medical Liability Act for bodily

- injury or death on account of alleged malpractice, professional negligence, failure to provide care, breach of contract or other claim based upon failure to obtain informed consent for an operation of treatment; and
- b. Professional liability insurance or self insurance coverage in the amount of \$1,000,000 per occurrence and \$3,000,000 in the annual aggregate covering employees and medical residents for claims not falling under the Nebraska Hospital-Medical Liability Act for bodily injury or death on account of alleged errors or omissions or negligent acts in the performance of professional services rendered or that should have been rendered.
4. Physician is required to provide the City with thirty day notice of cancellation, non-renewal or any material reduction of insurance as required by this Agreement.

XIV. AUDIT PROVISION

The Program Provider shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to this Agreement, as allowed by law.

XV . FAIR EMPLOYMENT PRACTICES

Physician shall not discriminate against any employee (or applicant for employment) with respect to compensation, terms, advancement potential, conditions, or privileges of employment, because of such person's race, color, religion, sex, disability, national origin, ancestry, age, or marital status pursuant to the requirements of Lincoln Municipal Code Chapter 11.08 and *Nebraska Revised Statutes* §48-1122, as amended.

XVI . FAIR LABOR STANDARDS

Physician shall maintain Fair Labor Standards in the performance of this Agreement, as required by Chapter 73, *Nebraska Revised Statutes*, as amended.

XVII. NEBRASKA LAW

This Agreement shall be governed and interpreted by the Laws of the State of Nebraska without reference to the principles of conflicts of law.

XVIII. INTEGRATION, AMENDMENTS, ASSIGNMENT

This Agreement represents the entire agreement between the parties and all prior negotiations and representations are hereby expressly excluded from this Agreement. This Agreement may be amended only by written agreement of both parties. This Agreement may not be assigned without the prior written consent of the other party.

XIX. SEVERABILITY & SAVINGS CLAUSE

Each section and each subdivision of a section of this Agreement is hereby declared to be independent of every other section or subdivision of a section so far as inducement for the acceptance of this Agreement and invalidity of any section or subdivision of a section of this Agreement shall not invalidate any other section or subdivision of a section thereof.

XX. ELIGIBILITY TO WORK

Program Provider and their subcontractors shall use a federal immigration verification system to determine the work eligibility status of new employees physically performing within the State of Nebraska pursuant to Neb.Rev.Stat. §4-108 and §4-114 as amended.

XXI. CAPACITY

The undersigned person representing physician does hereby agree and represent that he or she is legally capable to sign this Agreement and to lawfully bind LLC to this Agreement.

IN WITNESS WHEREOF, Consultants in Infectious Disease, LLC, and the City do hereby execute this Agreement.

BY: Steven E. Rademacher MD
Steven E. Rademacher, MD
Consultants in Infectious
Disease, LLC
1500 South 48th Street, #506
Lincoln, NE 68506

Chris Beutler
Mayor of Lincoln
555 South 10th Street
Lincoln, NE 68508

DATE: 6-19-13

DATE: _____



DECLARATIONS

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Policy Number: PCN0000149

Consultants in Infectious Disease L.L.C.

NAMED INSURED AND MAILING ADDRESS:

Consultants in Infectious Disease L.L.C.
 1500 South 48th
 Ste 506
 Lincoln, NE 68506

POLICY TERM: From: 07/01/2012 to: 07/01/2013 at 12:01 A.M. Standard time
 at the address of the named insured as indicated herein.

SCHEDULE OF COVERAGES, LIMITS AND RATES:

The insurance afforded is only with respect to the following coverages, limits and rates listed below for which a specific premium is indicated. The limit of the company's liability against each such coverage shall be as stated herein, subject to all of the terms of this policy.

NAMED INSURED(S)	SPECIALTY	PREMIUM
Shelley D. Jones, M.D. I/D AR26843 Retroactive Date 09/19/2005	Internal Med.-Infectious Diseases	\$4,031
COPIC Points - Preferred Class 5.00%, Society Membership 5.00%, Loss Free Credit 10.00%		\$-776
Limits of Liability		
Per Medical Incident/Peer Review Incident:	\$500,000	
Annual Aggregate:	\$1,000,000	
Annual Premium		\$3,255
James J. Nora, Jr.M.D. I/D ZP14352 Retroactive Date 07/01/2002	Internal Med.-Infectious Diseases	\$4,031
COPIC Points - Preferred Class 5.00%, Society Membership 5.00%, Loss Free Credit 10.00%		\$-776
Limits of Liability		
Per Medical Incident/Peer Review Incident:	\$500,000	
Annual Aggregate:	\$1,000,000	
Annual Premium		\$3,255

CIC-DECNE 09/01/2005



DECLARATIONS

Better Medicine • Better Lives

Policy Number: PCN0000149

Consultants in Infectious Disease L.L.C.

Steven E. Rademacher, M.D. Internal Med.-Infectious Diseases \$4,031
 I/D FZ14343 Retroactive Date 11/01/1997

COPIC Points - Preferred Class 5.00%, Society Membership 5.00%, Loss Free Credit \$-967
 15.00%

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
 Annual Aggregate: \$1,000,000

Annual Premium \$3,064

Thomas S. Stalder, MD Internal Med.-Infectious Diseases \$4,031
 I/D UR14351 Retroactive Date 07/19/1999

COPIC Points - Preferred Class 5.00%, Society Membership 5.00%, Loss Free Credit \$-967
 15.00%

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
 Annual Aggregate: \$1,000,000

Annual Premium \$3,064

NAMED INSURED(S) - Medical Partnership or Professional Medical Corporation

Consultants in Infectious Disease L.L.C.
 I/D EX14409 Retroactive Date 01/01/1999

Limits of Liability

Per Medical Incident/Peer Review Incident: \$500,000
 Annual Aggregate: \$1,000,000

Annual Premium \$632

CIC-DECNE 09/01/2005



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DECLARATIONS

Policy Number: PCN0000149

Consultants in Infectious Disease L.L.C.

Policy Total Annual Premium

\$13,270

By acceptance of this policy the named insureds and insured warrants and represents that the statements in the original, supplemental or renewal applications for insurance are true and affirm that the agreements existing between the named insureds and insureds and the company (and its agents or representatives) relating to this insurance are fully and accurately embodied in these declaration pages and the policy.

A handwritten signature in cursive script, appearing to read 'Steven A. Rubin'.

Countersigned by Authorized Representative

CIC-DECNE 09/01/2005

Post Office Box 17540 Denver, Colorado 80217-0540 (720) 858-6000 1-800-421-1834 FAX (720) 858-6004



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Consultants in Infectious Disease L.L.C.
1500 South 48th
Ste 506
Lincoln, NE 68506

INSURED

Consultants in Infectious Disease L.L.C.
1500 South 48th
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.

By its issuance, the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder.

This Certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance the Company does not alter, change, modify or extend the provisions of said Policy and does not waive any of its rights thereunder. COPIC extends blanket coverage to an employee or authorized volunteer worker (an "Insured") of the Named Insured while working under the direct supervision of the Named Insured and within the scope of their assigned duties. However, "employee" or "volunteer worker" does not include:

Acupuncturists	Endermologists	Pharmacists
Advanced Practice Nurses	Laser Technicians	Physician Assistants
Aestheticians	Medical Students	Physicists
Child Health Associates	Microdermabrasionists	Physiologists
Clinical Nurse-Specialists	Nurse Clinicians	Psychologists
CRNA/Nurse Anesthetists	Nurse Midwives	Psychotherapists
Cytotechnologists	Surgical Assistants	Electrologists
Nurse Practitioners	Surgical Technicians	Embryologists
Optometrists	Emergency Medical Technicians	
Perfusionists		

even if they are employees unless the individual or the position is listed on the Declaration Pages and in that event, an employee or volunteer listed on the Declaration Pages shall be treated as an "Insured" for coverage purposes. Each "Insured" shall share limits with others, as provided in the Policy. Because we cover certain types of "Insureds" on an automatic and blanket basis, we are unable to verify coverage for an individual who is not in one of the allied health specialties identified above.

POLICY NUMBER: PCN0000149

RETRO DATE: 01/01/1999

POLICY PERIOD: 07/01/2012 to: 07/01/2013

LIMITS OF LIABILITY:

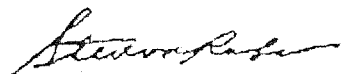
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Entity/Corp Specialty

Dated at: Denver, Colorado

Date: April 26, 2012


Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Steven E. Rademacher, M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

Steven E. Rademacher, M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 11/01/1997

POLICY TERM: 07/01/2012 to: 07/01/2013

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: April 26, 2012

Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Thomas S. Stalder, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

Thomas S. Stalder, MD
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 07/19/1999

POLICY TERM: 07/01/2012 to: 07/01/2013

LIMITS OF LIABILITY:

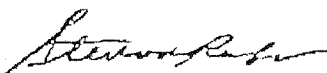
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: April 26, 2012


Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

James J. Nora, Jr.M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

INSURED

James J. Nora, Jr.M.D.
1500 South 48th Street
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 07/01/2002

POLICY TERM: 07/01/2012 to: 07/01/2013

LIMITS OF LIABILITY:

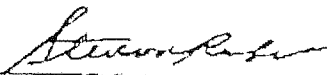
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: April 26, 2012


Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Shelley D. Jones, M.D.
1500 South 48th
Ste 506
Lincoln, NE 68506

INSURED

Shelley D. Jones, M.D.
1500 South 48th
Ste 506
Lincoln, NE 68506

GROUP NAME: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder.
By its issuance, the Company does not alter, change, modify or extend the provisions of said
Policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 09/19/2005

POLICY TERM: 07/01/2012 to: 07/01/2013

LIMITS OF LIABILITY:

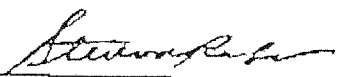
Per Medical Incident/Peer Review Incident: \$ 500,000

Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: April 26, 2012


Countersigned by Authorized Representative



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CERTIFICATE OF PROFESSIONAL LIABILITY INSURANCE

CERTIFICATE HOLDER

Ju-Hsien Jodi C. Nienaber, MD
1500 S 48th St
Ste 506
Lincoln, NE 68506-1279

INSURED

Ju-Hsien Jodi C. Nienaber, MD
1500 S 48th St
Ste 506
Lincoln, NE 68506-1279

Group Name: Consultants in Infectious Disease L.L.C.

This certificate is issued as a matter of information only and confers no rights upon the holder. By its issuance, the company does not alter, change, modify or extend the provisions of said policy and does not waive any of its rights thereunder.

POLICY NUMBER: PCN0000149

RETRO DATE: 02/04/2013

POLICY TERM: 02/04/2013 to: 07/01/2013

LIMITS OF LIABILITY:

Per Medical Incident/Peer Review Incident: \$ 500,000
Annual Aggregate: \$ 1,000,000

SPECIALTY: Internal Med.-Infectious Diseases

Dated at: Denver, Colorado

Date: December 17, 2012

Countersigned by Authorized Representative

STATE OF NEBRASKA

DEPARTMENT OF INSURANCE
Bruce R. Ramage
Director



Dave Heineman
Governor

June 19, 2012

CONSULTANTS IN INFECTIOUS DISEASE L.L.C.
1500 SOUTH 48TH STREET
SUITE 506
LINCOLN NE 68506

RE: Nebraska Hospital-Medical Liability Act
See Attached List

Dear Healthcare Provider:

On June 18, 2012, we received \$2,654.00, which represents 20% of the premium which you are being charged by COPIC Insurance Company for \$500,000/\$1,000,000 limits coverage. Your renewal coverage with the Act is effective from July 1, 2012 to July 1, 2013.

On July 1, 2013, your current coverage under the Act will expire. Each year, before your coverage expires, it will be necessary for you to send us a new proof of insurance and pay the applicable surcharge in order to continue coverage from that date. Please note that the surcharges are based on the full premium without credit for any deductible that may be applicable.

As a reminder, a qualified health care provider shall post and keep posted in a suitable location where all patients may easily see it, a sign of the size and type prescribed by the Director stating they have qualified under the provisions of the Nebraska Hospital-Medical Liability Act 44-2821(4).

If you have any questions regarding this transaction or the Act, please write or call the Nebraska Department of Insurance at (402) 471-2201.

Sincerely,

A handwritten signature in dark ink, appearing to read "Stephanie Hobelman".

Stephanie Hobelman, CISR, CIC
Insurance Analyst
Nebraska Excess Liability Fund

Additional Addressees:

CONSULTANTS IN INFECTIOUS DISEASE L.L.C.
SHELLEY D JONES, MD
JAMES NORA, MD
STEVEN E RADEMACHER, MD
THOMAS S STALDER, MD

Client#: 66203

CONSUG

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/25/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSPRO Insurance P.O. Box 6847 Lincoln, NE 68506 402 483-4500	CONTACT NAME: Michael J Drake
	PHONE (A/C, No, Ext): 402-483-4500 FAX (A/C, No): 402-483-7977 E-MAIL ADDRESS: mdrake@insproins.com
INSURED Consultants In Infectious Disease LLC 1500 S 48th St. # 506 Lincoln, NE 68506	INSURER(S) AFFORDING COVERAGE
	INSURER A: CNA Insurance Co.
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR	X		4017554226	07/01/2013	07/01/2014	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$300,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NONOWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/>						COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DEO <input checked="" type="checkbox"/> RETENTION \$10000			4017554274	07/01/2013	07/01/2014	EACH OCCURRENCE \$1,000,000 AGGREGATE \$1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/ MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	4017554257	07/01/2013	07/01/2014	<input checked="" type="checkbox"/> WC STATL TORT LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Certificate holder is an additional insured under General Liability.

CERTIFICATE HOLDER

CANCELLATION

Lincoln-Lancaster County Health
Department
3140 N Street
Lincoln, NE 68510

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michael J Drake

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